

# USAID HIV/AIDS Combination Prevention Program for MARPs in Central America and Mexico

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Prepared by:



for



**USAID**  
FROM THE AMERICAN PEOPLE

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## Executive Summary

This narrative report summarizes key objectives and quarterly results of the USAID Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs during the period October 1, 2011 – December 30, 2011 (Q1 FY2012). Under this program, PSI works to increase access to HIV prevention interventions by most-at-risk populations in Central America and Mexico working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc. (CAI), and Milk n' Cookies (MnC), and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners. This Quarterly Report does not reflect activities conducted in Mexico; the Mexico report is submitted separately.

During the Q1 FY2012, the Program:

### Component 1 – Behavior Change Communication (BCC)

- **Continued to implement combination prevention activities through HIV/STI tactical prevention teams** by carrying out a “sweeping the zone” strategy and continued to complete and update its high-risk zone “profiles”.
- **Conducted 4,193 combination prevention activities through 43,981 contacts, reaching and 8,311 individuals.**
- **Participated in World AIDS Day 2011** in all Program countries with multiple activities and efforts.
- **Began the process of validating two adapted BCC methodologies**, a picture code methodology for transgendered populations, and an adapted picture code methodology for female sex workers, and began to develop a third, multiple session discussion methodology for female sex workers.
- **Completed, validated and reproduced one new print material on condom and lubricant use;** this material also addresses topics related to STI prevention.
- **Completed the social media training for facilitators who will lead the virtual self-help groups for PLHA** within the ¿Y Ahora Qué? website, starting in January.
- **Continued to update and promote the ¿Y Ahora Qué? website** and its corresponding social media channels, adding the *Are you at risk?* survey, carrying out a campaign in Facebook on World AIDS Day, as well as other mass media opportunities to promote the site. The English version of the website was also developed.
- **Completed the development of an activities manual/guide for cyber-educators**, detailing the steps and activities to conduct combination prevention through social media channels and maintain Program websites up to date. (see Annex II)
- **Implemented the UIC system throughout the region**, began to adapt its MIS to collect and track UIC data, and continued to strengthen and systematize quality control for BCC/VCT activities, such as ongoing quality control activities, trainings, and supervision.

- **Advanced with the design and development of a new anti-stigma and discrimination campaign** to increase acceptance of different kinds of people, regardless of sero-status, sexual orientation or occupation, and introduce topics related to homophobia.
- **Began to implement its social media strategy** and took steps towards integrating mobile phone and short messaging system (SMS) initiatives.

**Table 1: Summary of Regional BCC Outputs (Q1, October – December 2011)**

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	1,487	1,064	881	273	450	38	4,193	15,090	28%	25%
ComPrevention Contacts	15,575	13,361	8,020	2,221	4,397	407	43,981	128,225	34%	25%
ComPrevention Individuals reached	4,139	1,054	673	353	1,927	165	8,311	43,144	19%	25%
<b>TOTAL VCT</b>	882	564	386	27	91	213	2,163	22,500	10%	25%

*\* This table does not include individuals to be contacted through social media (see Table 2)*

## **Component 2 – Structural Approaches**

- **Conducted a bibliographic search to provide input for the development of curricula and regional training manual** for health-care providers on stigma and discrimination.
- **Conducted ongoing quality assurance visits** of service delivery points of IPPF/WHR Member Associations to ensure the provision of MARP-friendly services.
- **Trained 131 health care workers, including counselors, community workers in outreach with MARPs and testing and counseling** at IPPF/WHR Member Associations and NGOs in the provision of MARP-friendly services, free of stigma and discrimination, including homophobia.
- **Provided follow-up with the Regional Coordinating Mechanism** in order to present the Regional Diagnosis findings and take steps towards establishing a high-level working group on stigma and discrimination.
- **Began to implement a regional strategy to reach journalists and decision makers** in hand with a regional Public Relations Agency.

## **Component 3 – Expanding Access and Use of Prevention Services**

- **Worked to improve condom and lubricant distribution in high-risk zones** by beginning to adapt a high-risk zone sales strategy to the context and budget of each Program country; new non-traditional outlets were also opened in this period.
- **Worked to improve access to MARP-friendly services by implementing a strategy to engage private sector** clinics, laboratories, and associations.
- **Strengthened its referral system** for MARPs using the voucher system and expanding the use of the UIC system with IPPF/MAs in each Program country.

- **Conducted mobile VCT in all program countries**, except Costa Rica, and launched mobile VCT in Belize.

#### **Cross-Cutting Component 4 – Strategic Information**

- **Completed the fieldwork for the special study on masculinities and women's perspectives in all Program countries**; this study designed to better understand women's views on masculinities, perceptions and preferences in relationships.
- **Began the fieldwork for the impact study** to assess the effectiveness of PSI/PASMO's BCC methodology for MSM entitled "Viviendo la Vida".
- **Completed the study designs for new round of TRaC surveys with FSW and MSM, as well as two regional TRaCs** (one with people living with HIV, and another with men at-risk) to evaluate exposure to program activities, behaviors, behavioral factors and population characteristics.
- **Completed the study design for the mystery client surveys** to be carried out in Q2 and Q3 to assess the quality of service provision to MARPs by IPPF and private-sector healthcare providers in all program countries.
- **Continued to implement its regional Research Dissemination Strategy**, including internal DDM exercises in all Program countries, and two national DDM workshops in Panama and Costa Rica.
- **Continued to participate in inter-institutional entities and working groups**, including a violence working group and a gender-identity working group in Guatemala; the Program also continued to coordinate activities with other donors, USG agencies and USAID partners in health.
- **Prepared abstracts to participate in the XIX World AIDS.**

#### **Other Cross Cutting Issues**

- **Gender continued to be a cross-cutting theme** in the implementation of the Program and the combination prevention interventions. Moreover, PSI/PASMO submitted and won a PEPFAR Gender Challenge Fund proposal.
- **Carried out an annual review of the 2008-2012 PASMO Strategic Plan.**
- **Began to organize a regional BCC educators' workshop** to be held in Q2.
- **Challenges and lessons learned.**

## Overview

In September of 2010, USAID granted a cooperative agreement to Population Services International (PSI) for the period September 2010 - September 2015 to reduce the spread of HIV among most at-risk populations (MARPs) in Central America and Mexico (CAM), in accordance with US Government guidance for concentrated epidemics. Under this agreement, PSI works to increase access to HIV prevention interventions by MARPs in working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc., and Milk n' Cookies, and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners in Belize, Guatemala, El Salvador, Nicaragua, Costa Rica and Belize.

The Program, entitled Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs (hereinafter, "the Program"), defines combination prevention is defined as "a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities- offers the best hope for successful prevention" (Merson et al, Lancet 2008)

Due to the highly concentrated nature of the HIV epidemic in Central America and Mexico, the Program focuses on reducing high-risk sexual behaviors among Most at Risk Populations (MARPs). MARPs include Commercial Sex Workers (including ambulatory and brothel based), their clients and partners, Men who have Sex with Men (MSM), People Living with HIV/AIDS (PLHA,) and their partners, and certain ethnic groups (Garifuna and Kuna). Within these MARP categories are individuals who are harder-to-reach and/or have special needs, including: bi-sexual MSM, MSM who do not identify as homosexual or gay, transgender, transvestite, MSM adolescents, and partners of PLHA who do not know their status or their partner's status, and highly mobile populations. The Program also aims to ensure a comprehensive approach including secondary vulnerable groups, defined as those who interact with high-prevalence populations and/or have increased vulnerability to infection due to their social/economic status. These groups may include: potential clients of sex workers, partners of sex workers, mobile populations, transport workers, uniformed men, and seafarers.

Within MARP categories, three groups have often been neglected in prevention programming (design, implementation, and monitoring): PLHA, and especially adolescent PLHA; MSM who also maintain heterosexual relations and prefer to remain anonymous; and adolescent MSM. The Program seeks to intensify efforts to design and implement prevention activities that directly involve these groups either directly or through more accessible MARPs, and motivate them to access prevention services.

For FY2012, the Program reassessed priorities among target groups and defined the following three tiers: Tier 1) Transgendered and people living with HIV, Tier 2) MSM and female sex workers, and Tier 3) men at-risk and Caribbean populations (in applicable countries). As of FY2012, the Program prioritizes its prevention efforts in accordance with these tiers.

## Objectives and Results

The overall objective of the Program is to support the USAID Regional Prevention Strategy that focuses on providing cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions by most at-risk populations in Central America and Mexico. The Program carries out activities to achieve the following results:

1. Reduced prevalence of high-risk behaviors among MARPs and PLHA.
2. Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.
3. Increased access by MARPs to a minimum package of essential prevention and health services that includes but is not limited to access to condoms, VCT services and STI diagnosis and treatment centers, emphasizing the involvement of private health providers.
4. Strategic information obtained through research and monitoring to design or modify prevention activities.

The four components for prevention interventions under this Program draw on resources to be allocated in the following areas: 1) evidenced based models for behavior change; 2) structural approaches to reduce stigma, discrimination, and homophobia that create barriers to access of services and violate human rights of PLHA and other MARPs; 3) essential health services (voluntary testing and counseling, referrals for STI diagnosis and treatment, opportunistic infections) accessible and affordable to MARPs, condom and water-based lubricant distribution; and 4) Strategic Information, generating data and information to monitor the progress of the program and to re orient the activities implemented. The program uses a social-ecological model to address HIV/AIDS epidemic at the individual, community, health system and structural levels. The Program also implements a holistic, integrated package of interventions, which work at all levels to ensure comprehensive coverage and systematic change.

As cross-cutting themes that affect all results and levels of intervention, the Program also addresses the following key areas:

*Gender:* The importance of gender in an effective HIV response in the CAM region is reflected in the conceptualization, development and implementation of all components of the program. A clear understanding of the ways in which gender profoundly influences the experiences, opportunities and health behaviors of both women/girls and men/boys features prominently in this program.

*Sustainability:* The program increases long-term sustainability by building the capacity of key local NGO partners as well the health system to serve MARPs, to advocate for human rights, laws, and policies that are favorable to addressing the needs of MARPs, and implement and manage HIV programming more effectively.

*Coordination and Partnership:* The program maximizes project impact by coordinating actively with other agencies working in HIV/AIDS through regular meetings to develop a more rational and integrated strategy and to monitor results and share best practices.

**Component 1: Behavior Change Communication (BCC)** designed to reduce high risk behaviors and vulnerability to HIV/AIDS transmission including a range of interventions addressing gender norms- male, female, and transgender- as well as understanding the determinants of behavior and developing appropriate communications responses

- 1 Result 1:** At the individual, family and community level, the Program works to increase the practice of positive health behaviors among MARPs through innovative and evidence-based behavior change techniques, using a mix of interpersonal communications (IPC), mass media, and interactive social media channels.

**1.1. HIV/STI tactical prevention teams**

During Q1 FY2012, the PSI/PASMO continued the implementation of the HIV/STI tactical prevention teams to conduct a “sweeping the zone” strategy, and developed and updated profiles of high-risk zones. In this strategy, PSI/PASMO BCC, VCT and sales teams, along with local NGO partners and IPPF affiliates, worked intensely to provide MARPs with the minimum package of essential prevention services and products in targeted high-risk zones. Specifically, in Q1:

- Guatemala. In December, the PSI/PASMO organized its first wide-scale “sweeping the zone” activity in the area of *La Terminal* in partnership with a local NGO partner (Fundación Marco Antonio). Tactical prevention teams reached out to MARPs in this area, conducted BCC activities, referred to and provided VCT services, and provided referrals to other complimentary services such as family planning. PSI/PASMO also completed the development of 12 high-risk zone “profiles” for Guatemala City and 8 profiles for other areas outside Guatemala City.
- El Salvador. PSI/PASMO continued to implement “sweeping the zone” activities in alliance with local NGOs and university student volunteers who have been trained in providing counseling for HIV testing.
- Nicaragua. During this reporting period, PSI/PASMO in Nicaragua conducted four major “sweeping the zone” activities in 1) Mercado Mayoreo de Managua, 2) Zona Carretera Tipitapa-Masaya, 3) Terminal de Buses de León, and 4) Parque Santa Ana. These activities were closely coordinated with the local IPPF affiliate, PROFAMILIA, who received referrals for VCT and other services, with local NGOs and the Comisaría de la Mujer who provided key complimentary services.
- Costa Rica. PSI/PASMO worked with the local IPPF affiliate (ADC) in planning upcoming “sweeping the zone” activities, planned to initiate in February. In preparation, PSI/PASMO conducted workshops to prepare BCC educators in pre and post-test counseling. A newly incorporated NGO helped identify new high-risk zones and additional zone profiles were developed.





- Panama. PSI/PASMO staff in Panama completed the development of its high-risk zone profiles in Panama City and David, and organized and held its first large-scale “sweeping the zone” activity in Panama City.
- Belize. During this period, PSI/PASMO visited the island of San Pedro for a “sweeping the zone” activity, contacting and engaging MARPs with combination prevention, and opening new condom sales outlets.

#### Combination prevention activities

Additionally, other important achievements were made in conducting combination prevention activities throughout the region:

- Guatemala. In order to expand access to combination prevention for MARPs, in this reporting period, PSI/PASMO in Guatemala formed key alliances with public entities such as municipal transit police in Mixco, private security companies along the Mexican border in San Marcos, and local NGO partners in Puerto Barrios to reach men at-risk, such as uniformed personnel, construction workers and fishermen. Additionally, through the combination prevention approach, PSI/PASMO was able to begin working with FSW in a closed-door brothel in Guatemala City, among many others. PSI/PASMO also met with the Human Rights Ombudsman office to coordinate referrals to complimentary services such as reporting cases of abuse or discrimination due to sexual orientation, serological status or occupation.
- El Salvador. In El Salvador, PSI/PASMO has also been establishing contact and coordinating with the local Human Rights Office and Public Prosecutors’ office, as well as established support groups for people living with HIV. PSI/PASMO also continued to coordinate with local MoH office, FOSALUD, to refer FSW to diagnosis and treatment for STIs such as syphilis and hepatitis B and C.
- Nicaragua. To provide the wide range of combination prevention information, products and services, the Program worked closely with its local NGO partners, the local IPPF affiliate, and key partners such as the *Comisaría de la Mujer* and the Mayor’s Office of Managua.
- Costa Rica. PSI/PASMO conducted combination prevention activities in partnership with two local NGOs (La Sala and MANU) and reached out to homes and care-centers providing attention and support for people living with HIV.
- Panama. Program staff continued to work with complimentary service providers, such as the local Alcoholic Anonymous center in the Juan Díaz neighborhood in Panama City, and worked extensively through its NGO partners to reach MARPs and PLHA. Initial contacts were made with the ARV clinics of the Hospital Santo Tomás and Social Security Hospital to promote the website [www.yahoraque.info](http://www.yahoraque.info) and coordinate IPC activities with PLHA.
- Belize. During this period, the incorporation of a new NGO partner, CNet+, proved to be beneficial in reaching new MARP groups in addition to PLHA.

In Q1 FY2012, the Program implemented 4,193 combination prevention activities with MARPs across the region, through 43,981 contacts, reaching and 8,311 individuals; this represents 28% of its target for activities.

**Table 2: Total Combination Prevention Interventions and Contacts, Q1 FY2012**

Target Groups	Guatemala		El Salvador		Nicaragua		Costa Rica		Panama		Belize		Total REGION		% Achieved	
	G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP	
	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON
MSM	178	1,808	161	1,904	157	1,218	88	857	133	1,311	8	132	725	7,230	15%	18%
FSW	561	5,949	260	3,019	254	1,934	120	875	150	1,458	22	171	1,367	13,406	45%	55%
Trans	137	1,455	8	110	49	337	0	0	20	228	0	0	214	2,130	32%	40%
Males at Risk	336	3,492	419	5,167	385	4,164	65	489	67	674	8	104	1,280	14,090	32%	35%
PLHA	123	1,191	216	3,161	36	367	0	0	49	464	0	0	424	5,183	21%	32%
Caribbean Population	152	1,680	0	0	0	0	0	0	31	262	0	0	183	1,942	41%	63%
<b>TOTAL...</b>	<b>1,487</b>	<b>15,575</b>	<b>1,064</b>	<b>13,361</b>	<b>881</b>	<b>8,020</b>	<b>273</b>	<b>2,221</b>	<b>450</b>	<b>4,397</b>	<b>38</b>	<b>407</b>	<b>4,193</b>	<b>43,981</b>	<b>28%</b>	<b>34%</b>

**Table 3: Total Combination Prevention Interventions, Contacts and Individuals, Q1 FY2012**

Target Groups	GUATEMALA			EL SALVADOR			NICARAGUA			COSTA RICA			PANAMA			BELIZE			TOTAL		
	G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP + BILATERAL		
	Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results		
	OCT 10 - SEP 11			OCT 10 - SEP 11			OCT 10 - SEP 11			OCT 10 - SEP 11			OCT 10 - SEP 11			OCT 10 - SEP 11			OCT 10 - SEP 11		
	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND
MSM	178	1,808	698	161	1,904	97	157	1,218	154	88	857	88	133	1,311	855	8	132	31	725	7,230	1,923
FSW	561	5,949	1,226	260	3,019	502	254	1,934	240	120	875	138	150	1,458	117	22	171	107	1,367	13,406	2,330
Trans	137	1,455	255	8	110	94	49	337	33	0	0	2	20	228	111	0	0	0	214	2,130	495
Potential Clients	336	3,492	531	419	5,167	279	385	4,164	246	65	489	125	67	674	420	8	104	27	1,280	14,090	1,628
PLWA	123	1,191	641	216	3,161	82	36	367	N/A	0	0	0	49	464	228	0	0	0	424	5,183	951
Caribbean Pop.	152	1,680	788	0	0	0	0	0	0	0	0	0	31	262	196	0	0	0	183	1,942	984
<b>TOTAL...</b>	<b>1,487</b>	<b>15,575</b>	<b>4,139</b>	<b>1,064</b>	<b>13,361</b>	<b>1,054</b>	<b>881</b>	<b>8,020</b>	<b>673</b>	<b>273</b>	<b>2,221</b>	<b>353</b>	<b>450</b>	<b>4,397</b>	<b>1,927</b>	<b>38</b>	<b>407</b>	<b>165</b>	<b>4,193</b>	<b>43,981</b>	<b>8,311</b>

\* Costa Rica: 2 trans reached through a MSM activity.

\*\* Nicaragua has no data for PLHA individuals.

### World AIDS Day 2011

During the week of December 1<sup>st</sup>, 2011, PSI/PASMO participated actively in World AIDS Day commemoration activities in all program countries, detailed as follows:

- Guatemala. In the weeks prior to World AIDS Day, PSI/PASMO prepared and posted a blog post for the UNAIDS campaign website that described the ¿Y Ahora Qué? site for PLHA and the research behind its development. PSI/PASMO also set up informative booths throughout Guatemala City as part of EXPOVIDA and ENLAZATE. On December 1<sup>st</sup>, PSI/PASMO participated in informative booths and commemorative activities in Guatemala, Quetzaltenango and Tecún Umán.
- El Salvador. In El Salvador, PSI/PASMO participated in World AIDS Day activities on December 1<sup>st</sup> and subsequent weeks, including sensitization sessions and informative booths in public areas such as Parque Guzmán de San Miguel, hospitals such as Hospital de Sonsonate, Social Security service points, and private sector partners, such as Colgate. PSI/PASMO also helped organize recreational activities for groups providing support to PLHA in hospitals in Sonsonate, Santa Ana, Santa Tecla and Soyapango.

- Nicaragua. On December 1<sup>st</sup> and the subsequent days, PSI/PASMO participated in an informative booth organized by CONISIDA and the MoH in Managua, provided materials and support to CONISIDA and the Peace Coprs in Estelí, Somoto and Ocotal, and two separate marches: one in solidarity with PLHA, and another promoting the rights of GLBT community in Nagarote.
- Costa Rica. PSI/PASMO was one of several organizations invited by the MoH to a press conference and health fair with informative booths. PSI/PASMO also participated in commemorative activities in the Calderón Guardia hospital as well as support for HIV testing at the Universidad Latina, organized by the Capacity Project.
- Panama. On December 1<sup>st</sup>, PSI/PASMO participated actively in a wide range of activities, including informative booths and health fairs organized by the MoH, and provided information and educational materials and GLBT events and activities. The US Ambassador visited the PSI/PASMO informative booth and participated in different activities.
- Belize. During the week of December 1<sup>st</sup>, PSI/PASMO worked in alliance with the MoH to provide voluntary counseling and testing for HIV at different points in Belize City and Belmopán. PSI/PASMO also participated in informative booths, such as one organized by the Belize Defense force.



## 1.2 Combination Prevention Methodologies and Materials

### *Methodologies and materials*

During Q1, the Program developed and began the process of validating two adapted BCC methodologies: a picture code methodology for transgendered populations and a picture code methodology for female sex workers. Additionally, PSI/PASMO also began to develop a third and new multiple session discussion methodology for female sex workers, designed to go beyond addressing topics strictly related to STIs and HIV, and also address structural factors, developing community networks and social support among sex workers.



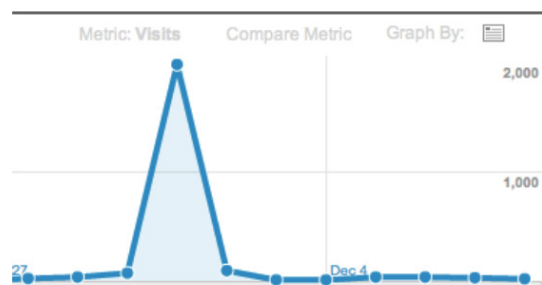
In this reporting period, PSI/PASMO completed, validated and reproduced one new print material targeted to MSM, initiated in FY2011, which addresses topics related to condom and lubricant-use, as well as STI prevention.

## 1.3 Virtual self-help groups for PLHA

In Q1, the Program focused its efforts on completing the training of self-help group facilitators in online tools, such as chat, in order to prepare them for the January launch of the virtual groups through the ¿Y Ahora Qué? website. Each facilitator has a back-up person who was also trained in order to ensure that the three groups are held online on a weekly basis, as

follows: group for men and women living with HIV, group for sero-discordant couples, and group for family and friends of PLHA. In this reporting period, the Program also completed the development of the English-language version of the website, “And What Now?”, to be launched in Belize in Q2.

The Program also continued to update the ¿Y Ahora Qué? website with new information and features, such as the online adaptation of the “Are you at risk? Survey which was posted during the final week of November, in anticipation of World AIDS Day. Additionally, the Program purchased day-long advertising on Facebook on World AIDS Day to promote ¿Y Ahora Qué? (750 clicks per country for Guatemala, El Salvador, and Panama, and 500 clicks per country for Nicaragua and Costa Rica); visits to the website on that day increased by 100%.



PSI/PASMO also led other initiatives, as part of the strategy to communicate and promote the ¿Y Ahora Qué? website. For example, in El Salvador, PSI/PASMO partnered with the local MoH and its bilateral program to place billboards at the Cuscatlán Stadium, promoting the site. The Regional Office in Guatemala worked with a local magazine to place a pro-bono ad for its January print edition.



Additionally, the program began to meet with ARV clinics in countries such as Panama, Nicaragua and El Salvador to present the website to the doctors who attend PLHA and promote the site as a tool for counseling. Tailored print material targeted to doctors and patients is being developed for Q2. Mobile phone initiatives were also discussed such as reminders of appointments to patient mobile phones.

#### 1.4 Cyber-Educators:

In order to guide the activities of Program cyber-educators in the region, during Q1, PSI/PASMO completed the development of a Manual for Cyber-Educators (see Annex II) detailing two major lines of action: a) engaging and conducting BCC and combination prevention activities with MARPs, particularly MSM, through online channels, including social media, and b) engaging PLHA, their family and friends through the ¿Y Ahora Qué? website, and collecting data for updates to the site.



Throughout Q1, the regional cyber-educator champion also worked one-on-one with each local cyber-educator to identify service delivery points for PLHA to be included as part of the GoogleMaps feature in the ¿Y Ahora Qué? website. By the end of the quarter, teams in Guatemala, El Salvador and Nicaragua helped complete the identification of all these points in GoogleMaps.

## 1.5 Strengthen and systematize quality control for BCC/VCT activities

### UIC

During Q1 FY2012, PSI/PASMO completed the roll-out of the UIC system in all Program countries and began to collect this data in the field with all target groups. (The UIC is a simple and anonymous code: the first two letters of the person's last name, a gender code, day of birth, and two digits of the year of birth). From October to December, the Program continued to adapt its current MIS (System of Applied Monitoring -SAM) in order to include UIC data collection and referrals. Additionally, the Program began the process of adapting the system to also include UIC and VCT data.

PSI/PASMO developed support material for field-staff to facilitate the collection of the UIC from target groups. In October, the Program also organized and carried out a regional, online training session for all HIV managers and coordinators to align all platforms with the UIC collection and tracking process. Specific follow-up calls and conversations were held with HIV teams in Costa Rica and Panama to resolve additional questions and ensure adequate UIC use.

### Improving quality assurance systems

During Q1, the Program held coordination meetings with the local MoH in Guatemala to present the results of the UIC pilot process and discuss the possibility of using the same UIC (or an expanded version such as that used by the MoH in Belize) to track MARPs reached with combination prevention interventions, including HIV testing. Although the MoH showed interest, newly elected authorities took office and follow-up will be provided in Q2.

PSI/PASMO also met with local IPPF member associations and local NGO partners in all Program countries to present the voucher system and provide guidelines for the delivery and tracking of the vouchers, as well as the adequate collection and reporting of the UIC. Moreover, in an effort to reinforce the knowledge and skills of PSI/PASMO field staff, a half-day on the UIC will be included at the regional BCC educator's workshop in Q2.

### Ongoing quality control for Program activities and work with NGOs

During Q1, the Program also continued to carry out its ongoing quality control activities, such as observation, confirmation and verification of combination prevention activities in the field and the supervision of teams and NGO partners. PSI/PASMO also held ongoing coordination meetings with local IPPF member associations to coordinate the use and tracking of vouchers, and referrals during "sweeping the zone" and other referrals.



## 1.6 Strategic Media

### **Development of an anti-stigma/discrimination campaign**

In the period from October to December, the Program made progress with the development of a new anti-stigma and discrimination campaign to increase acceptance of different kinds of people, regardless of sero-status, sexual orientation or occupation, and introduce topics related to homophobia. The Program developed the creative brief for the campaign based on the findings in the regional, qualitative study on stigma and discrimination completed in FY2011. Subsequently, the Program received initial creative concepts, which pointed in the direction of creating a social movement instead of a campaign. The program also began to contact partners such as the regional office of UNFPA and UNAIDS in Panama to develop a regional working group that will support the campaign.

### **Social Media, including mobile phone technology and social networks.**

During Q1 FY2012, the Program began to implement its regional Social Media and Short Message System (SMS) strategy so as to create “buzz” about healthy behaviors and change social norms.

#### Social Media and Websites

In this reporting period, the Program began to develop an updated and refreshed version of the MiZonaH website as a first phase, prior to the launch of the new masculinities campaign in Q2 and Q3. The Program also began to develop and program a system so that MAPRs referred by cyber-educators can download and print vouchers for biomedical services. Moreover, the Program maintained its systematic update and communication through social media channels developed under the ¿Y Ahora Qué? name, such as its Fan Page in Facebook.

#### Mobile phone initiatives / SMS technology

In order to enable the Program to implement initiatives using mobile phone technology, PSI/PASMO and its partners Milk & Cookies began the procurement process to assess a mobile phone aggregator. By the end of Q1, PSI/PASMO selected a mobile phone aggregator –Televida– and began a negotiation and training process to define and understand the specific activities to be implemented with MAPRs through mobile phones. In Q2, the Program will roll-out its first mobile phone initiatives.

**Component 2: Address Structural Approaches** to enable cultural changes in social norms, reduction of myths and stigma and discrimination related to sexual orientation, occupation and serostatus; addressing social, cultural, organizational, community, and economic factors that increase the vulnerability of MAPRs.

The structural approaches to HIV prevention seek to change social, economic, political, or environmental factors determining HIV risk and vulnerability. In particular, societal norms that lead to

*homophobia and homophobic behaviors* will be given greater attention and emphasis under the Program.

2. **Result 2:** Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.
- 2.1. **Institutionalization of anti-stigma and discrimination practices in service delivery points**

During FY2012, and in order to institutionalize anti-stigma and discriminatory practices at service delivery points, the Program took the following steps:

*Develop curricula and regional training manual for health-care providers on stigma and discrimination.*

In Q1, Ciatelli Associates Inc. (CAI), led the process of developing a regional training manual by conducting a bibliographical search, as a first step. CAI also used the findings of the Regional Diagnosis on stigma and discrimination, developed in FY2011, to introduce the initiative of the manual to several partners in the region, such as COMISCA, OPS, UNAIDS, and REDCA. These meetings also served to involve these partners in the development of the manual and training curricula.

*Quality assurance visits to service delivery points and training of counselors and community workers.*

In an effort to contribute to maintaining services free of stigma and discrimination, the Program continued to conduct periodic monitoring visits, meetings, sensitization and trainings to assure quality at the IPPF service delivery points for MARPs. During Q1, IPPF member associations ADS/El Salvador, PROFAMILIA/Nicaragua, APLAFA/Panama provided sensitization around stigma and discrimination to a total of 79 staff at clinics that were being incorporated into the project in Year 2.

Additionally, APLAFA trained 15 clinical service providers in counseling and psychological support in relation to HIV and AIDS. ADC began training and sensitization of professionals from partner laboratory facilities and PSI consultants on topics such as MARPs, stigma and discrimination, confidentiality, sexual diversity, pre- and post-test counseling, among others, with the goal that BCC, counseling and referrals to laboratories for testing can be provided in the same space, in which target populations are captured. However, these sessions do not yet fulfill the 8-hour minimum training requirement and will continue in January and February 2012; they will be reported in the next reporting period.

During Q1, a total of 131 health care workers, including counselors, community workers in outreach with MARPs and testing and counseling at IPPF/WHR Member Associations and NGOs in the provision of MARP-friendly services, free of stigma and discrimination, including

homophobia. For a detail of trainings, please see Annex III (Trainings summary), and Annex I - ROPs.

## **2.2. Establish a regional stigma and discrimination working group and high-level oversight entity**

During FY2011, the Program established initial contact with the Regional Coordinating Mechanism (RCM) to present the Program and discuss the topic of leading anti-stigma and discrimination efforts. In Q1 FY2012, the Program provided follow-up with the RCM in order to participate in the next ordinary session. The purpose of this participation, tentatively scheduled for Q2 in Panama, is to present the findings of the Regional Diagnosis on Stigma and Discrimination and ultimately establish a high-level stigma and discrimination oversight entity.

## **2.3. Work with Journalists, Decision Makers**

To help achieve a change in discriminatory and stigmatizing perceptions, attitudes and behaviors towards MARPS, the Program bid, selected and contracted a regional Public Relations agency, Porter Novelli CACM, to reach key journalists/media outlets, and decision makers, including contacts in the private sector, to help generate dialogue, build, and manage constructive long-term relationships with these stakeholders.

In Q1 FY2012, the Program worked extensively with Porter Novelli to finalize a regional strategy and detailed implementation plan to reach and sensitize journalists, key contacts in the public and private sector. As part of the strategy, the Program organized and held a first regional, virtual training session for local Porter Novelli staff in Program country offices on HIV and the Combination Prevention Program. The next step was to organize and facilitate local meetings between PSI/PASMO and Porter Novelli staff to review databases in order to strategically select contacts in these target groups who would be engaged as part of the Program. Most of these local meetings were planned for January.

***Component 3: Expanding access and use of prevention services, in particular those provided by private sector*** by improving the distribution of condoms and lubricants, availability and access to VCT and STI diagnosis and treatment, and referrals for PLHA requiring care and support services

**Result 3:** Increased access by MARPs to a minimum package of essential prevention and health services, emphasizing in the involvement of private health providers.

### **3.1 Improving condom and lubricant distribution.**

In Q1, the Program carried out a series of activities to help improve the distribution of condoms and lubricants, particularly in high-risk zones. In this reporting period, local country platforms implemented “sweeping the zone activities” which included the opening new non-traditional condom outlets. The Program also integrated the DDM workshops to discuss MAP 2011 findings (described below) to address topics related to condom and lubricant availability in high-risk zones. Regional and local researchers and marketers (sales and



BCC) reviewed the MAP 2011 findings and sought to adapt the regional high-risk zone sales strategy to adapt it to local contexts and budgets.

### **3.2. Improving access to MARP-friendly services.**

#### Private sector engagement

During Q1 FY2012, the Program worked to devise tactics and activities to engage the private sector in the provision of MARP friendly services, as part of its regional strategy. In coordination with Porter Novelli CACM, the regional Public Relations agency, the Program identified the Latin American Confederation of Laboratories and contacts in several Program countries in order to begin meetings and negotiations in Q2. In some countries, such as Costa Rica, PSI/PASMO began to work with the local IPPF MA, the Social Security office, and a private laboratory chain, PAEZ, to coordinate referrals for biomedical services. In Guatemala, PSI/PASMO reached out to a the Laboratorio Clínico Rosemary in Puerto de San José which then offered a discounted price for MARPs referred by the Program. During Q2, the Program will seek to leverage its contacts in the Latin American Confederation of Laboratories and seek out private laboratory chains to help expand their participation in the Program.

#### Strengthening the referral system with IPPF MAs

PSI/PASMO and IPPF/WHR MAs continued to expand access to essential services for MARPs during the reporting period as a result of efforts to strengthen the referral system among both organizations. Overall for the region, there was an increase of 101% in the number of MARP individuals who received HIV pre-test counseling, from 485 in the last quarter of FY2011 to 977 in the current reporting period. Of the individuals who received pre-test counseling, 943 (96.5%) took an HIV test, received post-test counseling, and received their results. The biggest contributors to this increase were the MAs in El Salvador and Nicaragua. The primary drivers of the increase include: 1) an increase of referrals from PSI/PASMO in these countries, and 2) the adoption of additional strategies for capturing clients through organized community outreach ("sweeping the zone" activities)..

In addition, there was a small increase (8%) in the number of MARP individuals who received an STI consultation, from 168 in the last quarter of FY2011 to 181 in the current reporting period, with the biggest contributors being the MAs in Belize, El Salvador, and Guatemala.

### **3.3. Conducting Mobile VCT**

In order to increase access to VCT/STI services among MARPs, the Program continued to implement a mobile VCT approach that includes referrals for STI diagnosis and treatment. In the reporting period, mobile VCT was launched in Belize and the following results are detailed for the region:

**Table 4: VCT Activities Q1 FY 2012**

Target Groups	Guatemala			El Salvador			Nicaragua			Costa Rica			Panama			Belize			TOTAL		
	VCT																				
	Tests	+	Prevalence	Tests	+	Prevalence	Tests	+	Prevalence	Tests	+	Prevalence	Tests	+	Prevalence	Tests	+	Prevalence	Tests	+	Prevalence
MSM	29	0	0.0%	35	1	2.9%	128	1	0.8%	4	1	25.0%	1	1	100.0%	35	1	2.9%	232	5	2.2%
FSW	340	3	0.9%	325	2	0.6%	188	1	0.5%	21	1	4.8%	25	0	0.0%	40	0	0.0%	939	7	0.7%
Males at Risk	513	3	0.6%	201	0	0.0%	64	0	0.0%	2	0	0.0%	65	0	0.0%	106	0	0.0%	951	3	0.3%
Trans	0	0	0.0%	3	0	0.0%	6	0	0.0%	0	0	0.0%	0	0	0.0%	N/A	N/A	N/A	9	0	0.0%
Caribbean Population	0	0	0.0%	N/A	N/A	N/A	0	0	0.0%	0	0	0.0%	0	0	0.0%	32	1	3.1%	32	1	3.1%
TOTAL....	882	6	0.7%	564	3	0.5%	386	2	0.5%	27	2	7.4%	91	1	1.1%	213	2	0.9%	2,163	16	0.7%
GOAL	6,000			4,500			6,000			600			3,000			2,400			22,500		
% Achieved	15%			13%			6%			4.5%			3%			9%			10%		

In general, prevalence rates reflect regional tendencies such as higher rates among MSM and Caribbean Populations; FSW highlight only in Costa Rica.

**Cross-Cutting Component 4: Strategic Information**, generating data and information to monitor the progress of the program and to re orient the activities implemented.

**Result 4:** Strategic information obtained through research and monitoring process, being used to design or modify prevention activities.

#### 4.1. Research, Monitoring and Evaluation

##### Special Study on Masculinities and women's perspective

In order to help develop the follow-on of the masculinity campaign known as “Hombres de Verdad”, with more egalitarian norms, the Program began the fieldwork to collect qualitative data on masculinities by interviewing women on their own self concepts, views on masculinities, perceptions and preferences in relationships. During this reporting period, PSI/PASMO organized a series of mini-groups (modified version of traditional focus groups) with women in Guatemala, El Salvador, Nicaragua, Costa Rica, Panama and Belize; these groups were led by a moderator who used a guide to generate discussion. A total of 30 mini-groups were held in the region, completing the fieldwork process; in Q2, the Program will process the data and generate a final report and creative brief. See Study Design in Annex IV.

##### Impact study for the “Viviendo la Vida Methodology”

During this reporting period, the Program received IRB approval and began to conduct the fieldwork for the impact study designed evaluate the effectiveness of PASMO's BCC methodology for MSM known as “Viviendo la Vida”. The recruitment of MSM in El Salvador, Nicaragua and Panama, who had not already been reached by some sort of HIV prevention intervention, proved to be a challenge, as well as reaching hidden MSM groups, such as non-assumed MSM and bisexual men; however, the Program managed to proceed with the next phase of the study which is in-depth interviews.

### TRaC Surveys

In Q1 FY2012, the Program completed the study designs for a new round of TRaC surveys with FSW and MSM, as well as the study designs for the two regional TRaCs with people living with HIV/AIDS and men at-risk. These study designs now include the collection of the UIC as part of its survey and the data will be cross-referenced with the Program's MIS data. The study designs will be submitted to the IRB in February.

### Mystery Client Survey

In this reporting period, the Program completed the development of the study design for the Mystery Client Survey, designed to: 1) Assess the quality of service provision to MARPs by IPPF and private-sector healthcare providers in all program countries; 2) Compare the quality of services provided to MARPs to the quality of services provided to the general population by private-sector and IPPC healthcare providers in the countries of interest, and 3) Identify areas for improvement in service provision to MARPs at participating facilities and provide recommendations. The program plans to use this study, and its annual implementation, as a way to identify gaps and improve service provision for these populations at participating facilities over time. At the end of December, the study design and accompanying instruments were submitted to the PSI Institutional Review Board (IRB) for ethical review. Once approved, the Program will begin recruitment of mystery clients and preparations for data collection. The results of this survey will contribute to ongoing quality control and assurance at program delivery points.

## **4.2. Strategic Information**

### DDM and Research Dissemination Strategy



In Q1, PSI/PASMO began to implement its updated, three-step, regional dissemination strategy which includes: 1) Internal Dashboard to Decision Making (DDM) exercises, 2) National DDM workshops with partners and stakeholders, and 3) Research Dissemination Events. In the period from October to December, PSI/PASMO organized and held internal DDM workshops to analyze MAP 2011 data in all Program countries. Additionally, National DDM workshops on MAP

2011 were held in both Costa Rica and Panama, with the participation of local donor representatives, private distributors, NGOs, and MoH/National AIDS Program representatives. In Q2, the Program expects to complete the National DDM workshops in the remaining Program countries as well as begin to hold public dissemination events.

### Inter-institutional coordination

During Q1 FY2012, the Program conducted extensive and ongoing coordination efforts, not only with partner NGOs, Program partners, public and private sector partners, but also with other USG agencies and USAID partners in health; mainly, The Capacity Project and PASCA. For example:

- *US Government (USG) Agencies and USAID partners in health.* USAID partners' meetings were held in most Program countries in this period to coordinate efforts, in addition to other one-on-one meetings among partners throughout the period and across the region. In Belize, PSI/PASMO worked with the CDC in support of a behavioral quantitative study to be conducted among MSM and FSW; PSI/PASMO provided the list of its high-risk zones as well as print material to the CDC.
- *Country Coordinating Mechanisms (CCMs) and Regional Coordinating Mechanism (RCM).* In addition to follow-up with the RCM on the topic of stigma and discrimination, at a local level, the CCM in Guatemala held a general assembly where the new Executive Director was elected for the 2012 period, and PSI/PASMO was selected for this position. .
- *Other donors and programs.* The Program continued to coordinate its activities and interventions with other donor projects and programs, such as the USAID bilateral Program in El Salvador, and the USAID bilateral programs in Nicaragua.
- *Regional and local coordinating entities.* During the fiscal year, the Program continued to participate actively in regional and local coordinating working groups and entities such as the Sexual Violence and Human Trafficking Working Group in Guatemala, the newly formed Gender Identity Law Working Group also in Guatemala.

#### XIX World AIDS Conference

During Q1 FY2012, the Program began to develop several abstracts for the 2012 World AIDS Conference to be held in Washington DC in July. Draft abstracts included topics related to the Program and its activities, such as the UIC pilot study, the implementation of combination prevention interventions, the ¿Y Ahora Qué? website, and qualitative study on stigma and discrimination. Final abstracts are due for submission in February.

### **5. Other Cross Cutting Issues**

#### Gender

During Q1 FY2012, the Program continued to conduct its combination prevention interventions, based on a minimum package designed to consider gender-related issues, such as reproductive health and violence. For example, PSI/PASMO managed to successfully incorporate the Comisaría de la Mujer into the Program in Nicaragua, particularly for complimentary services such as reporting gender-based violence.

The Program also developed and won a PEPFAR Gender Challenge Fund proposal to complement ongoing USG programs working with a governmental body in Guatemala dedicated to preventing and responding to sexual exploitation specifically for MARPs populations, and share these lessons in other countries in the region. The program resubmitted the proposal based on new guidelines and budgets and is expected to begin in Q3.

### Annual Review of the PASMO Strategic Plan

In Q1, PSI/PASMO carried out an annual review of the PASMO Strategic Plan developed in FY08, and included the participation of management of each country platform. Some of the topics discussed include partnerships with the private sector, Total Market Approach guidelines, among others.

### Regional BCC educators' workshop

In Q1, the Program began to plan a regional BCC educator's workshop, designed to motivate and recognize BCC team members as well as to train and update them in existing and new methodologies, behavior change models and approaches, and other skills such as managing group behavior and emotions. This workshop will take place in February over the course of several days and BCC team members from around the region will travel to participate and share experiences, as well as lessons learned and techniques.

## **Challenges and Lessons Learned**

<u>Challenges</u>	<u>Actions and Lessons Learned</u>
In this reporting period, both in Guatemala and in Nicaragua, there were elections and changes in the government, affecting the continuity of relations with key MoH and other government partners. For example, response of MoH officials on the UIC was slow and continuity will be challenging with completely new authorities in Q2.	Prior to the change in government, PSI/PASMO began to identify and contact possible key officials that were likely to assume or maintain key posts, such as Minister of Health. For example, USAID partners in health in Guatemala contacted the new Minister of Health upon being assigned the position.
In Belize, the PSI/PASMO country coordinator resigned.	Immediate actions were taken, specifically the hiring of a transition country coordinator, in order to provide continuity to the actions and program activities already planned.
The UIC roll-out was generally successful; however, in some countries, adapting to a system of collecting this data took more time than expected and the learning curve delayed the implementation of UIC with some populations.	The Program provided follow-up and reinforced knowledge, skills and procedures to assist country platforms and partners in the collection and tracking of UIC. Further follow-up will be required in the coming quarters to strengthen the capacity of all the teams in this process.